



North Dakota's Lead-Based Paint Training Course Notification Form

SFN:

Submit form to:
ND Department of Health
Division of Air Quality
918 East Divide Ave, 2nd FL.
Bismarck, N.D. 58501

This form is intended for the notification and cancellation of lead courses by the course provided to the state of North Dakota. It also serves as acknowledgment and approval of the class by the NDDOH, Air Quality Division. If no notification is received (by the State) and no acknowledgment/approval is received (by the training provider), the course will not be recognized as valid by the State of North Dakota and all training certificates will be rejected by the North Dakota Department of Health.

I. Course Provider Name: _____
Contact Persons Name: _____
Phone Number of Contact Person: _____
Course Location: _____

Phone Number Course Location : _____ Fax: _____
Name of Contact Person at Course Location: _____

II Type pf Notification (please indicate which type)

- ☐ Notification of the following courses:
☐ Cancellation of the following courses:

III Class type (limit one form per class)

<input type="checkbox"/>	Worker	_____ Initial	_____ Refresher	Dates(s) _____
<input type="checkbox"/>	Supervisor	_____ Initial	_____ Refresher	Dates(s) _____
<input type="checkbox"/>	Inspector	_____ Initial	_____ Refresher	Date (s) _____
<input type="checkbox"/>	Risk Assessor	_____ Initial	_____ Refresher	Date (s) _____
<input type="checkbox"/>	Project Designer	_____ Initial	_____ Refresher	Date (s) _____

IV Instructor(s): (use additional sheets if necessary)

<u>Course Instructor(s):</u>	<u>ND Certification Number:</u>	<u>Expiration Date:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

For NDDOH/AC use only

This course has been ☐ **Approved** ☐ **Denied**

NDDOH/AQ Division Representative

Date